

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

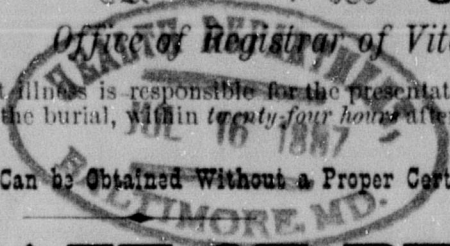
Board of Health, City of Baltimore,

Permit No. A 1331

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



B

CERTIFICATE OF DEATH.

Date of Death, July 14th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patella. Gambler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 41 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation, House Wife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 213 S. Chester

Cause of Death, { First, (Primary.) Stenosis of Heart and general Dropsy Second, (Immediate.) Heart failure }

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cemo.

Date of Burial, July 16 1887

{ Undertaker, H. Sander & son

{ Place of Business, 1710 Canton ave Address, 1918 E. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. A 1332 Office of Registrar of Vital Statistics.

Ward 19²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14/87

Full Name of Deceased, Laurel V. Smith
{Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, Female
{Cross out the word not required in this line.}

Age, 11 Years, 11 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, Single
{Cross out the words not required in this line.}

Occupation, Teacher

Birth Place, Baets City
{State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Life

Place of Death, 232 W. Carey St.
{Give Street and Number.}

Cause of Death, Cholera Infantum
{First (Primary), Second (Immediate),}

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Carey St.

Date of Burial, July 16/87

Undertaker, Denny & Mitchell

Place of Business, 1201 N. Fayette

H. S. [Signature] M. D.
Medical Attendant.

Address, 203 W. Carey

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A. 1333 Office of Registrar of Vital Statistics.

Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mabel Parker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 14 Months, 14 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Bath

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give Street and Number. } 624 N. Mount St

Cause of Death, { First (Primary), Second (Immediate), } Malaria

Duration of Last Sickness, Several Weeks

All the above information should be furnished by the Physician.

Place of Burial, Louisa park Cong

Date of Burial, July 16th 1887

{ Undertaker, Denny and Mitchell } J. C. Hummer M. D.

Medical Attendant.

{ Place of Business, 1201 N. Fayette St } Address, 212 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A-133** Office of Registrar of Vital Statistics.

Ward **5th**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **July 15th 1887**

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. **Sophia Allen**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **35** Years, Months, Days.

Color, **Colored**

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, **none**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Queens town Md.**

Duration of Residence in the City of Baltimore, **25 years**

Place of Death, { Give Street and Number. } **803 Union St.**

Cause of Death, { First (Primary), Second (Immediate), } **Phthisis Pulmonalis**

Duration of Last Sickness, **10 Months**

All the above information should be furnished by the Physician.

Place of Burial, **E. Pub Cemetery**

Date of Burial, **July 16th 1887**

{ Undertaker, **Geo. Rinehart** **Edwin B. Henry, M. D.** Medical Attendant.

{ Place of Business, **Health Office** Address, **1201 N. Eden St.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/27/2022.

Board of Health, City of Baltimore,

Permit No.

A 1333

Office of Registrar of Vital Statistics.

Ward

5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 14th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thos. J. R. Murphy

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

21

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or country, and how long in the United States, if of foreign birth. }

Balto. Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give street and number. }

1003 E. Eager St.

Cause of death,

{ First, (Primary), }

{ Second, (Immediate), }

Phthisis Pulmonalis

Duration of Last Sickness,

1 year

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Ct

Date of Burial,

July 17 1887

Undertaker,

Henry Hook & Son

Place of Business,

1023 N. Calver St

Address,

Geo. Brooke Boyle M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

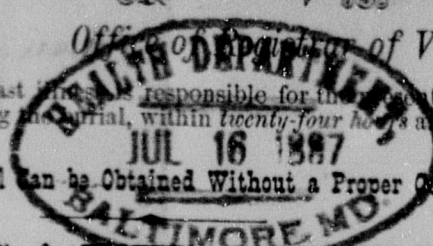
Board of Health, City of Baltimore,

Permit No. **A** 1336

Office of Department of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.



17

CERTIFICATE OF DEATH.

Date of Death, July 15th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Kennedy.
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, 19 Years, _____ Months, _____ Days.
Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Cincinnati Ohio ✓

Duration of Residence in the City of Baltimore, 13 months

Place of Death, { Give street and number. } 1465 Towson Street

Cause of Death, { First, (Primary.) Typhoid Fever
Second, (Immediate.) Pneumonia

Duration of Last Sickness, 35 days

All the above information should be furnished by the Physician.

Place of Burial, Cincinnati Ohio

Date of Burial, July 16th

R. H. Gardner M.D.,

Surgeon Us Army Medical Attendant.

Undertaker, M. Doyle

Place of Business, 518 S. Charles

Address, Fort McHenry, Md

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

4767 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department City of Baltimore.

Permit No.

1337

Office of Registrar of Vital Statistics.

Ward

2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles A. Meyer's

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 27

Years,

6

Months,

Days.

Color,

White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Pennsylvania

Duration of Residence in the City of Baltimore,

12 years

Place of Death, { Give Street and Number. }

O. No. 47 Lancaster st

Cause of Death, { First (Primary), Second (Immediate), }

Apoplexy (Cerebral)

Duration of Last Sickness,

(Sudden death)

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 15th 1887

Undertaker, Leubard V. V. V.

Thomas B. Evans, M. D.

No. 121

Medical Attendant.

Place of Business, N. 712 S. Bond St Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1338

Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 4 Months, — Days.

Color, Lebanese

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Croup Second (Immediate), 3 days }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, July 16th 1887

Undertaker, A. Hensley

Place of Business, Cambridge

Address, Cambridge

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

McRoberts Inspector [OVER.]

Board of Health, City of Baltimore,

14

Permit No.

1339

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 15th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents.

Flourie Wilson

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age,

Years,

6

Months,

Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Balto. City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number }

Bowers Court No. 9.

Cause of Death, {

First, (Primary.)

Second, (Immediate.)

Cholera Infantum

Duration of last Sickness,

4 days.

All the above information should be furnished by the Physician

Place of Burial,

Laurel Cemetery

Date of Burial,

July 16th 1887

Edw. C. Dwyer, M.D.

Medical Attendant.

Undertaker,

Sh. W. Dwyer

Place of Business,

180 East St

Address,

#935 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[0V4R.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1349 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12/1887
Full Name of Deceased, Annina E Bailey {Write legibly and spell correctly. If an infant not named, give names of parents}
Sex, Male or Female, {Cross out the word not required in this line.}
Age, 40 Years, 15 Months, 15 Days.
Color, Black
Married, Single, Widow or Widower, {Cross out the words not required in this line.}
Occupation, Baltimore
Birth Place, {State or country, and how long in the United States, if of foreign birth.}
Duration of Residence in the City of Baltimore, All her life
Place of Death, {Give Street and Number.} 705 Sharp St
Cause of Death, {First (Primary), Second (Immediate),} Pneumonia
Duration of Last Sickness, 2 years
All the above information to be furnished by the Physician.
Place of Burial, Laurel Cem
Date of Burial, July 12/1887
{ Undertaker, John J. Gray } Thermond Leister M. D. Medical Attendant.
{ Place of Business, 210 N. E. St } Address, 578 Hammond St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]